

**ADVANCED PRACTICE REGISTERED NURSE
(APRN) FAQs**

Licensure

- Q.** May I begin orientation as an APRN prior to licensure?
- A.** You may participate in an orientation including anything but delivery of services in an APRN role. You must receive a temporary letter or full licensure prior to practicing as an APRN.
- Q.** I am licensed as an adult nurse practitioner (ANP) and have completed a family nurse practitioner (FNP) certificate of advanced graduate studies program. Do I need to complete an application to be licensed as a FNP?
- A.** Yes. Every time a RN completes an advanced practice program and wants to practice in that advanced practice specialty, he/she must complete the application process. In this case you would make application to add another specialty as part of your licensure as a nurse practitioner.

Continuing Education

- Q.** I was licensed to practice as an APRN (CRNA, NP, CNM, CNS) last year and I just received my APRN license renewal application. One of the questions asks if I have met the Board's continuing education requirement (CEU) in the past two years. I have not been an APRN for two years and have not met the 75 CEU requirement. How do I respond to this question?
- A.** You would answer "No." Explain that you were licensed a year ago (provide the date of licensure), and provide the number of CEUs you have accumulated since licensed. The CEU documentation is then filed and you start a new cycle of continuing education. When you renew your APRN license in two years, you will be expected to have completed a full 75 CEUs.
- Q.** I have been licensed as both a Psychiatric and Mental Health Clinical Nurse Specialist and a Psychiatric and Mental Health Nurse Practitioner. If I plan to renew my licenses for both categories, will I be required to accumulate a total of 150 hours of CEUs every two years?
- A.** An APRN seeking renewal of license(s) to practice must have completed during the 2 year period a minimum of 75 CEUs in nursing, medicine or allied health in the area of practice for which the individual has been licensed as an APRN. The intent of this requirement is that the individual accumulate 75 CEUs per specialty. In this case, you do not need 150 CEUs because the content of continuing education programs would be applicable to both specialties.

Q. What happens if I do not meet the CEU requirement at the time I renew my license to practice as an APRN?

A. Your license will not be renewed as an APRN. If you want to continue to practice as an APRN, you will be fined \$20.00 per missing CEU up to \$200.00 and enter into a Consent Agreement (CA) to meet the CEU requirements within the next six months. While you are meeting the terms of the CA, you may continue to practice.

Q. May staff inservice education be counted toward the APRN's 75 CEU requirement?

A. Any continuing education that an APRN documents for the purpose of renewing his/her licensure to practice must be targeted for the APRN's level of practice and clinical specialty. Basic staff education such as cardiopulmonary resuscitation would not fulfill this requirement.

Drug Enforcement Agency (DEA) Numbers

Q. When may nurse practitioners (NP) or nurse-midwives (CNM) apply for a DEA number?

A. NPs and CNMs may apply for a DEA number when they receive a license. You will receive a license after successful completion of the national certification examination.

Q. Must I request authority from the DEA to prescribe Schedule II medications when applying for a DEA number?

A. The NP or CNM may request the levels for which they wish to prescribe. In Maine, the Board of Nursing allows schedules II-V. It is the individual's decision whether or not he or she wants to prescribe narcotics and which levels from schedules II-V.

Employment Opportunities

Q. As a NP, do I need to inform the Board office every time I accept new employment?

A. No – **But** if you are under the twenty-four month supervision requirement, the Board must receive the *Application for Approval of a Supervising Relationship with a Licensed Physician or Nurse Practitioner*, fee, and letter from the physician /nurse practitioner of his/her intent to supervise you within 15 days of beginning employment. The letter must be on letterhead, include information on what services you will be providing, patient population, hours per week and anticipated start date. If you are terminating a supervisory relationship, or modifying/changing a supervisory relationship an *Application for Approval of a Supervising Relationship with a Licensed Physician or Nurse Practitioner* must also be filed.

Q. How do I know if an employment opportunity is within my authorized scope of practice?

A. Your employment should be consistent with the specialty for which you were educationally prepared, certified and licensed by the Board. For example, if you were issued a license to practice as an adult NP, it is not appropriate to accept employment that requires you to treat pediatric patients.

National Certification

Q. What happens if I do not recertify by the expiration date on my national certification?

A. A nurse who does not recertify by the expiration date of his/her certification is NOT permitted to practice, even if he/she has a current APRN license from the Board because certification is a requirement for licensure. Once recertification has been granted by the appropriate certifying body AND documentation of the recertification is submitted to the Board, you may resume practice. (National Certification is not required for an APRN initially approved by the Board before January 1, 1996.)

Q. I am a new graduate from an APRN program and have not yet taken my national certification examination. The Board has issued me a temporary authority to practice letter. May I use the title “certified” (NP, CRNA, CNM, CNS)?

A. If you have not successfully completed the national certification examination you are not certified and may not use a title incorporating the term “certified.”

Q. Why does the Board office need both verification of eligibility of testing from the national certifying body and documentation that I have scheduled my examination and have an actual test date?

A. The Board requires both documents because applicants sometime fail to schedule the examination and the Board’s temporary approval to practice is based on the fact that the individual **IS** scheduled to test.

CNS

Q. What happens to my temporary authority to practice as a clinical nurse specialist (CNS) if I fail the national certification examination in my advanced practice specialty?

A. A temporary authority to practice issued to a CNS is valid for one year or until he/she passes or fails the national certification examination. The applicant may not practice if he/she fails the examination. The applicant may practice as a RN in the interim. When he/she has successfully passed the examination, the applicant will be issued a license to practice as a CNS.

NP

- Q.** I was issued a temporary authority to practice letter as a NP and failed the certifying examination on my first attempt. May I continue to practice as a NP?
- A.** Yes. A temporary license/authority to practice letter issued to a NP is valid for two years or until he/she is unsuccessful in 2 attempts to pass the certification examination within 2 years. The NP must provide the Board with documentation of the failed attempt at passing the certification examination and must arrange for the national certifying body to submit, directly to the Board office, verification of his/her scheduled window of testing dates for the second time. The NP must provide documentation of the actual examination date for retesting.

CRNA

- Q.** I was issued a temporary authority to practice letter as a nurse anesthetist and have failed my national certification examination. May I continue to practice as a nurse anesthetist?
- A.** An applicant must pass the Council Certification Examination within 12 months of graduation. An applicant who fails the **initial** Council Certification Examination must practice under the supervision of an anesthesiologist or a CRNA and identify her/himself as a graduate nurse anesthetist.

Physician/Nurse Practitioner Supervision

- Q.** I am a psychiatric and mental health clinical nurse specialist and I have just received a certificate of advanced graduate studies as a psychiatric and mental health nurse practitioner. I have worked in private practice as a CNS for 8 years. May I arrange to have a physician in the community supervise me so that I can continue in my private practice as a NP?
- A.** You may be a CNS, but now you are a NP, not a CNS with prescriptive authority. A NP must meet the 24 month physician/nurse practitioner supervision requirement. This requirement requires a formal employment relationship between a supervising physician or experienced nurse practitioner and the new NP. The supervising physician or nurse practitioner must be a participating member of the practice, as a colleague, not an employee. This means a NP cannot privately employ a physician or nurse practitioner to supervise him/her or arrange for oversight by a physician or nurse practitioner in the community.
- Q.** I have been working as a NP for three years full time. The hospital has requested that I obtain an “independent letter.” What does that mean?

A. When a NP completes 24 months of full time physician or nurse practitioner supervision he/she must ensure that his/her supervising physician or nurse practitioner submits documentation of completion of the supervision requirement to the board. On receipt of this information, the board will issue a letter that does not contain the 24 month supervisory clause. This is the “independent letter” the hospital is referring to.

Q. Does a CNM need to submit a letter of physician or nurse practitioner supervision?

A. No. The law does not require physician or nurse practitioner supervision of a CNM.

Q. Does an anesthesiologist need to be on-site when a CRNA administers anesthesia?

A. No. For aspects of anesthesia practice that require execution of the medical regime, the CRNA shall be responsible and accountable to a physician or dentist.

Prescriptive Practice

Q. Am I required to prescribe as a NP?

A. No, but NPs and CNMs receive authorization to prescribe when they are licensed by the Board of Nursing. A NP or CNM may practice in an employment setting that does not require prescribing medications. If a NP or CNM does not prescribe they must submit documentation of 15 contact hours of continuing education in pharmacology every two years when they renew their license to practice.

Compact Issues

Q. Do I have to maintain my license to practice as an APRN if I move to another Compact state?

A. No, you are not required to do so. However, If you choose to maintain your license to practice as an APRN, you must send a letter indicating your legal address in another Compact state. Your Maine RN license, if not already on inactive status, will be placed on inactive status.

Doctorate Question

Q. I have enrolled in a BSN to MSN program and keep hearing that a doctorate will be required for APRNs around 2015 and some say 2013. Can you let me know when this will go into effect?

A. At this time, there is no requirement for APRNs to hold a doctorate degree in order to practice. The American Association of Colleges of Nursing (AACN) has made a recommendation for APRNs to move from the Master’s degree to the doctorate level by 2015. However, it is within each state’s Board of Nursing’s jurisdiction to make this a requirement. At the present time, no state Board of Nursing has adopted the doctorate degree

as the entry-level degree for APRN practice. Also keep in mind that a nurse's a license cannot be rescinded unless they do not renew their license or violate the *Nurse Practice Act* or *MSBON Rules*. The MSBON could conceivably propose to require a doctorate degree for APRNs in the future, but it is not being discussed at this time.

02/06/2012 Revised